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The Washington Post

April 2, 1990, Monday, Final Edition

SECTION: METRO; PAGE D1

LENGTH: 1168 words

HEADLINE: Md. Doctors Wield Clout In Assembly;
Lobby Is Energetic And Well Financed

SERIES: Occasional

BYLINE: Howard Schneider, Washington Post Staff Writer

DATELINE: ANNAPOLIS

BODY:

The sight would impress any legislator: 200 doctors, educated, well paid, and armed with an agenda.

It was Doctor Day in Maryland, and the turnout was good news for lobbyist Gerard E. Evans -- and bad news for the bills on the medical community's hit list.

"I am moved, frankly, at this," said Evans, the eyes, ears and throat of the Medical and Chirurgical Faculty of Maryland (Med-Chi), the official doctors lobby.

On this day the specific aim was a proposal to require doctors to take more Medicare cases, legislation that has since been killed. A separate bill to study physicians' fees was also targeted, and defeated.

But the broader message was the more significant. At a time when health costs are spiraling upward and health regulation is becoming more complex, the doctors maintain one of Annapolis's most effective lobbies.

They don't always win, but they are organized and active, and have a say in every major health issue that goes before the General Assembly. They are embroiled in a fight in the final days of the session over a bill that is causing a deep rift with other medical lobbyists.

In addition, they have made their political action committee, administered by Evans, the most well heeled in the state, displacing, at this point, other top givers such as the Realtors PAC.

Since 1986, the Medical PAC gave Maryland lawmakers and Gov. William Donald Schaefer more than \$ 130,000 in campaign contributions, three times as much as any other corporate interest group and a four-fold increase over what the doctors gave between 1982 and 1985.

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The average contribution to the 108 legislators who received help from the doctors was more than \$ 1,000.

With the main campaign fund-raising season coming up, that figure should grow substantially by the November elections.

More than one-third of that sum went to legislators on the committees most responsible for overseeing health legislation.

The Medical PAC gave \$ 12,800 alone to Senate President Thomas V. Mike Miller Jr. (D-Prince George's), a close political associate of Evans's.

To Evans, the money is only a sign of good old-fashioned civic involvement. He said as many as 8,000 doctors pay \$ 100 each or more into the PAC fund to further the profession's interests.

Contributions are made only to legislators who ask, and are not necessarily limited to those who toe the Medical PAC's line.

"I don't think it is an exorbitantly large amount of money," Evans said. He added that the state's interest in regulating the profession has given rise to the group's new emphasis on campaign contributions.

"The more the state chooses to interfere, the more these things become necessary," he said.

To others, however, the campaign contributions add another layer of influence to an area that is already confusing enough.

Aside from Med-Chi, legislators hear from lobbyists for different physician-specialist groups, such as ophthalmologists and psychiatrists, as well as competing non-physician practitioners, such as optometrists and psychologists.

The resulting turf battles can be epic. It took years for optometrists to win the right to administer eyedrops, a procedure that had been the sole province of ophthalmologists.

As often as not, the debate turns on economics as much as science or public health issues. Legislators, consequently, end up as economic brokers, deciding which segment of the health-care field will maintain dominion over which procedures.

With limited technical staff and little time to become experts themselves, lawmakers often have to rely on health lobbyists such as Evans to educate them.

"Basically you have lay people making decisions that ought to be made by professionals," said Del. Brian E. Frosh (D-Montgomery), a member of the House Environmental Matters Committee, which reviews most health legislation.

"The issues get so clouded with politics that it is hard to say they are really made on the merits People know that the doctors are politically active and spend money on campaigns."

They are also in everyone's district -- an important fact in making an impact in Annapolis. An interest group can trade in several different currencies: information, campaign money and votes. The doctors have all three.

"A fair amount of legislation comes in looking at the question of controlling, directing doctors and the charges of doctors, and it is only going to become a bigger item" as health-care costs rise, said Del. Paul G. Pinsky (D-Prince George's), who drafted the Medicare bill that was a chief target of the physicians this year and is a critic of the corporate health lobby.

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"They just don't want to be controlled and they are just too powerful . . . People trust their doctors," Pinsky said.

The problem, according to lawmakers and administration officials, is determining where the health lobbyists stop educating and start trying to influence votes and hold onto their market share.

In the closing weeks of the General Assembly session, lawmakers are wrestling with just that question in the midst of a sort of civil war among some of the health profession's top advocates.

At issue is legislation that would prohibit physicians from referring patients to testing laboratories in which they have an economic stake. The bill, different versions of which are pending in the House and Senate, would also force doctors to disclose to their patients any investments they have in medical equipment or other related companies.

Supporters say the legislation is needed because federal studies show that when doctors are allowed to refer patients to their own labs, they tend to order more tests and charge more for them.

As the lobbying intensified last week, Evans contended that several other lobbyists -- Bruce C. Bereano, Franklin Goldstein and Robin Shaivitz -- had conflicts of interest in the bill that were hindering the fight against it.

Bereano, Goldstein and Shaivitz represent private laboratories or other groups that support the restrictions on doctors. They also represent different physician specialist groups that Evans argued should oppose the legislation as part of the broader medical community.

Evans said that physicians invest in labs to ensure the integrity of testing, and accused Bereano, who represents the ophthalmologists, and the others of masking the bill's potential effect on their physician clients.

"I am trying to protect my doctors . . . and he is trying to walk the line protecting the interest of two clients who have diametrically opposed positions," Evans said of Bereano.

The allegation drew an angry response from Bereano, who said that while the ophthalmologists have since come out against the legislation, he has not been asked to represent them on that issue. Bereano's other client, Maryland Medical Laboratory Inc., is a main backer of the bill.

"My comments will be to him, not to the newspaper," Bereano said of Evans. "Another lobbyist is trying to play games . . . It's just garbage."

GRAPHIC: PHOTO, THERAPIST MARY BERRY MASSAGES DEL. JENNIE M. FOREHAND (D-MONTGOMERY). BERRY WAS LOBBYING TO PROMOTE HER PROFESSION AS A LEGITIMATE FORM OF THERAPY. JAMES A. PARCELL